



*County of Inyo*

**HEALTH & HUMAN SERVICES DEPARTMENT**

*Behavioral Health, Public Health, Social Services, First 5, Prevention,  
Aging Services*

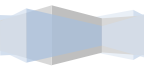
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# Specialized Care Increment (SCI) Program



## **Overview**

Specialized care provides a supplemental payment to the family home provider, in addition to the family home basic rate, for the cost of supervision (and the cost of providing that supervision) to meet the additional daily care needs of a child who has a health and/or behavior problem. Placement of children who need specialized care in family homes complies with State and Federal requirements that a child is entitled to placement in a family environment, in close proximity to the parent's home, and consistent with the best interest and special needs of the child. California's specialized care rate setting system promotes these concepts. The Specialized Care Increment (SCI) is the supplemental payment added to the foster care basic rate for children with health and/or behavioral problems.

Qualifying factors may range from moderate level specialized medical care or behaviorally based needs to more intensive or exceptional care needs. Children requiring intensive, therapeutic level of care may require placement in a therapeutic foster home setting. For the purpose of meeting the specialized needs of children who are determined to have moderate to exceptional care needs, Inyo County will provide a Special Care Increment (SCI). The SCI is intended to assist in offsetting costs related to the provision of care (e.g. increased transportation costs for out of area medical appointments). Caregivers who do not meet the needs directly and instead rely on the agency to provide support to meet these needs, are not eligible for the SCI.

## **Methodology**

Inyo County will assess the child's medical and/or behavioral issues to determine the level of SCI. The assessment will include a consultation with the Foster Care Nurse as appropriate. The social worker will use the SCI Classification Guide as a guideline to determine if the child's needs are at a moderate, intensive or exceptional level. The increment dollar amounts paid in addition to the basic resource family rate will be based on the level assessed and are as follows:

Moderate:	\$240.00 increment
Intensive:	\$340.00 increment
Exceptional:	\$440.00 increment

Upon assessing the level of need and the recommended level of SCI, the social worker will complete an SCI request form (see attached document) and obtain supervisory sign off from the CPS Supervisor. The request will then be forwarded to the HHS Deputy Director, Aging and Social Services or HHS Assistant Director for final approval. If approved, the form will be forwarded to the Eligibility Division with the required eligibility documents so that payment can be authorized.

The Social Worker will reassess the need for and level of SCI on an annual basis or should the specialized needs of the child change.

## **Contact Information**

For more information, contact:

Keri Oney, HHS Deputy Director, Aging and Social Services  
Inyo County Department of Health and Human Services  
920 North Main Street  
Bishop, California 93514  
[koney@inyocounty.us](mailto:koney@inyocounty.us) or (760) 872-0902

## **Specialized Care Increment Classification Guide**

The following SCI classification conditions are intended to be used as a guideline in determining the child's eligibility for an SCI rate. Should the conditions be of a nature that may appear at a lower level, but when looked at as a whole it is determined that the overall impact to the caregiver warrants a higher level, the social worker should consult with their supervisor to determine the appropriate level of SCI.

### **Moderate**

The child's physical or emotional behavior is such that it requires more than normal care and supervision due to one or the more types of conditions:

1. Medical condition such as asthma, epilepsy, heart condition or moderate symptoms of drug withdrawal requiring specialized treatment not available through the regular pediatrician/physician or requires more than routine follow up.
2. Enuresis, diagnosed hyperkinetic behavior, moderate emotional problems.
3. Educational problems and/or learning disabilities requiring the resource family to meet with school personnel two to three times a month.
4. The child has more than two medical or professional service appointments out of the area each month or has two more medical/professional service appointments on a weekly basis.
5. Has a medical condition requiring special accommodations (e.g. specialized formula and longer feeding periods)

### **Intensive**

Intensive levels of care are needed when one or more of the following conditions exist:

1. Medical condition that requires continual monitoring of environmental conditions such as temperature and air quality, or more than ordinary care in food preparation and provision.
2. Child is experiencing more severe educational problems due to behavior or learning disability requiring weekly contact with school personnel.
3. Child is experiencing severe drug withdrawal symptoms or severe chronic conditions requiring contacts with a physician and or medical specialists at least two times a month.
4. Encopresis

### **Exceptional**

The child has severe behavioral or physical problems requiring a high level of supervision and/or care due to one or more of the following conditions:

1. Child as a severe medical condition, which requires in-home monitoring by medical professionals and/or some use of medical equipment by resource families.
2. Child has an Individualized Education Plan with an emotional disturbance designation and is at risk of a higher level of placement, requiring the resource family to meet with school personnel more than one time a week.
3. The child has more severe emotional/behavioral problems such as substance abuse, severe anxiety, stealing, self-destructive behaviors such as cutting, and resource family is working closely with the treatment professionals on a weekly basis.





Inyo County Health and Human Services  
Child Protective Services

**Request for Specialized Care Increment (SCI)**

Date: \_\_\_\_\_ Social Worker: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Resource Family: \_\_\_\_\_

Summary of Child's Special Needs:

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***Please note: Justification and appropriate documentation must be located in the case file.***

Resource Family will assume primary responsibility for meeting the needs of the child, including the provision of transportation to medical appointments. \_\_\_\_ Yes \_\_\_\_ No If no, please explain the reason for SCI: \_\_\_\_\_

Child is assessed as appropriate for the following SCI:

____ Moderate	\$240.00
____ Intensive	\$340.00
____ Exceptional	\$440.00

The SCI will be added to the basic resource family care rate beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.  
Not to exceed one year from start date

\_\_\_\_\_  
Social Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPS Supervisor

\_\_\_\_\_  
Date

\_\_\_\_ Approved \_\_\_\_ Denied – Reason: \_\_\_\_\_

\_\_\_\_\_  
HHS Deputy Director/HHS Assistant Director

\_\_\_\_\_  
Date

